

The Boeing Company
P.O. Box 16858
Philadelphia, PA 19142-0858

March 17, 2017

Fed-ex: 778679836282

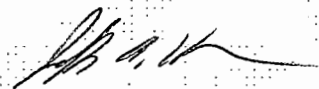
US EPA Region III
Asbestos NESHAP Coordinator
1650 Arch Street
Philadelphia, PA 19103-2029

Dear Madam or Sir,

Enclosed please find an Asbestos Abatement and Demolition/Renovation Notification Form for activities to take place beginning March 31, 2017 at Boeing Philadelphia. The project is to consist of removal of 200 linear feet of pipe and fitting insulation in our building 3-31.

If there are any questions or additional information is required, please contact me at 610-390-7651 between 6:00 and 2:30 or by e-mail at jeffrey.holmes@boeing.com.

Sincerely,



Jeffrey A. Holmes
Environmental Engineer

cc:

PA DEP Southeast Region
Asbestos Notification
2 East Main Street
Norristown, PA 19401-4915

RECEIVED
MAR 20 2016

Pesticides & Asbestos Programs
and Enforcement Branch (3LC62)
EPA Region III

**pennsylvania**DEPARTMENT OF ENVIRONMENTAL
PROTECTIONCOMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF AIR QUALITY**ASBESTOS ABATEMENT AND DEMOLITION/RENOVATION NOTIFICATION FORM****For Official Use Only**

Date Received 1

Date Received 2

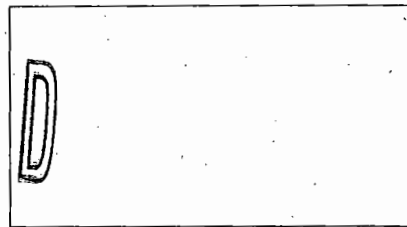
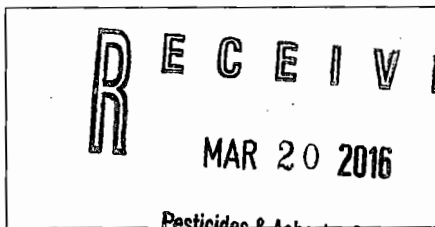
Postmark Date: _____

Project ID#: _____

Permit #: _____

Other #: _____

Inspector: _____

Pesticides & Asbestos Programs
and Enforcement Branch (A-662)
EPA Region III

NOTICE: This is not a valid asbestos abatement notification for the purposes of the Asbestos Occupations Accreditation and Certification Act, unless individuals and contractors have met the certification requirements as set forth in the Asbestos Occupations Accreditation and Certification Act, Act of 1990, P.L. 805, No. 194 (63 P.S. Sections 2101-2112).

REFER TO THE ATTACHED INSTRUCTIONS FOR INFORMATION AND REQUIREMENTS.

1. TYPE OF NOTIFICATION (check one):		<input checked="" type="checkbox"/> Initial	<input type="checkbox"/> Annual Notification
<input type="checkbox"/> Revision (highlight here, and changes)		<input type="checkbox"/> Phase of Annual Notification	
<input type="checkbox"/> Postponement		<input type="checkbox"/> Cancellation	
Date of Initial Notification or, if previously revised, date of last revision: _____			
2. PROJECT LOCATION (check one):			
<input type="checkbox"/> Allegheny County		<input type="checkbox"/> City of Philadelphia	
		<input checked="" type="checkbox"/> Other Location in PA (specify county): <u>Delaware</u>	
		<input type="checkbox"/> Municipality (specify): _____	
3. FOR ALLEGHENY COUNTY AND CITY OF PHILADELPHIA PROJECTS ONLY:			
A. Does this project require a permit? <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes is checked, a permit application must be submitted along with this notification and approved prior to the start of the project.)			
B. For City of Philadelphia projects requiring a permit:			
Asbestos project inspector: _____		Certification #: _____	
Company name: _____			
Address: _____			
City: _____		State: _____	Zip: _____ Phone: _____
WILL ALTERNATIVE METHODS TO ANY OF THE APPLICABLE REGULATIONS BE USED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
(If Yes is checked, approval must be obtained prior to the start of the project. Please contact the appropriate DEP regional office or local government agency (see reverse of Instruction Sheet for contact list).)			
TYPE OF OPERATION (check all that apply):		<input type="checkbox"/> Abatement prior to Demolition	
<input type="checkbox"/> Demolition	<input type="checkbox"/> Ordered Demolition	<input checked="" type="checkbox"/> Renovation	<input type="checkbox"/> Emergency Renovation
FACILITY DESCRIPTION:		Job No.: _____ (see instructions)	
Facility Name: <u>Boeing Philadelphia - Building 3-31</u>			
Street/Rural Address: <u>Route 291 & Stewart Ave.</u>			
City: <u>Ridley Park</u>		State: <u>PA</u>	Zip Code: <u>19078</u>
Present use: <u>Manufacturing</u>		Prior use: <u>Manufacturing</u>	
Will the facility be occupied during the abatement activity? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Facility size in square feet: <u>85,000</u>		# of floors: <u>3</u>	Age in years: <u>50</u>
ABATEMENT CONTRACTOR:			
Company name: <u>Ecoservices, LLC</u>			
Allegheny County or City of Philadelphia License # (if applicable): _____			
Street/Rural/POB Address: <u>407 West Lincoln Highway, Suite 500</u>			
City: <u>Exton</u>		State: <u>PA</u>	Zip: <u>19341</u>
Contact: <u>Linda DeNenno</u>		Telephone No. (between 8:00 & 4:30): <u>484-872-8884</u>	

8. DEMOLITION CONTRACTOR:

Company name: N/A

Street/Rural/POB Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Telephone No. (between 8:00 & 4:30): _____

9. FACILITY OWNER:

Owner name: Boeing PhiladelphiaStreet/Rural/POB Address: Route 291 & Stewart Ave.City: Ridley Park State: PA Zip: 19078Contact: Jeffrey Holmes Telephone No. (between 8:00 & 4:30): 610-390-7651

10. FACILITY INSPECTION (required for renovation and demolition projects):

Building inspector: _____ Certification #: _____

Date of inspection: Apr '13 to Aug. '13 Is any material assumed to be asbestos? ☒ Yes ☐ No

Procedure, including analytical method, if appropriate, used to detect the presence of asbestos material:

Sampling☐ Building is ID and in danger of collapse. An asbestos investigator will be on site during demolition. (Philadelphia only)11. IS ANY TYPE OF ASBESTOS PRESENT? ☒ Yes ☐ No If Yes, please list in #12.

12. TYPE OF ACM, DESCRIPTION & LOCATION OF MATERIAL, APPROXIMATE AMOUNT OF ACM, TYPE OF ABATEMENT AND FINAL AIR CLEARANCE METHOD.

PROVIDE INFORMATION IN THE SPACES BELOW, THEN CONTINUE ON ANOTHER SHEET, IF NECESSARY, USING THE SAME FORMAT.

Code *	Description of material	Location of material (room/floor/area)	Amount of ACM	Code **	Code ***	Code ****
FRI	Pipe & Fitting Insulation	Throughout building	200	LF	REM	PCM

Code *	Code **	Code ***	Code ****
Type of ACM	Units	Type of abatement	Final Clearance
RI - Friable ACM	LF - Linear ft.	REM - Removal	PCM - Phase contrast microscopy
F1 - Cat I nonfriable ACM	SF - Square ft.	CAP - Encapsulation	TEM - Transmission electron microscopy
F2 - Cat II nonfriable ACM	CF - Cubic ft.	CLO - Enclosure	
Note: Allegheny County treats all ACM as friable)		NON - None	

3. Is this project regulated by NESHAP? ☒ Yes ☐ No

A project that includes the demolition of any defined "facility" is regulated by NESHAP. A renovation project is also regulated by NESHAP when the amounts of friable ACM, or ACM that may be rendered friable, are as follows: 260 LF or 160 SF or 35 CF.

14. OPERATION SCHEDULE(S) (as applicable):

A. Asbestos abatement:

Start Date: 3/31/17Completion Date:

Daily hours of operation: 4:30 am pm to am pmDays of week (check): Mo Tu We Th Fr Sa Su

B. Demolition:

Start Date:Completion Date:

Daily hours of operation: am pm to am pmDays of week (check): Mo Tu We Th Fr Sa Su

C. Renovation:

Start Date:Completion Date:

Daily hours of operation: am pm to am pmDays of week (check): Mo Tu We Th Fr Sa Su

COMMENTS:

15. DESCRIPTION OF PLANNED DEMOLITION OR RENOVATION WORK:

Remove asbestos containing materials prior to renovation of the building.

16. DESCRIPTION OF WORK PRACTICES AND ENGINEERING CONTROLS TO BE USED TO REMOVE ACM AND TO PREVENT EMISSIONS OF ASBESTOS AT THE DEMOLITION AND RENOVATION SITE:

Danger signs posted. All work in a regulated work area. Removal of fitting and pipe insulation utilizing containment bag. Visual inspection at the conclusion and air test prior to re-occupancy.

7. WASTE TRANSPORTER(S):

A. Transporter #1 name: Waste Management of Greater Mid-Atlantic

Street/Rural Address: 408 S. Oak Ave.

City: PrimosState: PAZip: 19018

Contact: Jennifer SmithTelephone: 610-476-6198

B. Transporter #2 name:

Street/Rural Address:

City:State:Zip:

Contact:Telephone:

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18. WASTE DISPOSAL SITE(S) (any asbestos containing material):

A. Landfill name: G.R.O.W.S. North DEP permit #: 100148

Street/Rural Address: 1000 New Ford Mill Rd.

City: Morrisville State: PA Zip: 19067

Contact: Mike Anastasio Telephone: 215-736-0195

B. Landfill name: _____ DEP permit #: _____

Street/Rural Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Telephone: _____

19. AIR MONITORING FIRM(S):

A. Company name/individual: The Vertex Companies, Inc.

Street/Rural Address: 700 Turner Way, Suite 105

City: Aston State: PA Zip: 19014

Contact: David Turotsy Telephone: 610-322-0076

B. Final clearance firm: (if different than 19A) _____

Street/Rural Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Telephone: _____

Final clearance firm was hired by (check one): ☐ Contractor ☐ Owner

☐ Other: Explain: _____

20. AIR SAMPLE FIRM(S) (City of Philadelphia projects only):

A. PCM company name/individual: _____ Certification #: _____

Street/Rural Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Telephone: _____

B. TEM company name: _____ Certification #: _____

Street/Rural Address: _____

City: _____ State: _____ Zip: _____

Contact: _____ Telephone: _____

21. FOR EMERGENCY RENOVATIONS:

Date of emergency (mm/dd/yy): _____ Hour of emergency: _____ ☐ am ☐ pm

Description of the sudden, unexpected event:

Explanation of how the event caused unsafe conditions or would cause equipment damage or an unreasonable financial burden as a consequence of complying with the 10 working day notification requirement:

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22. FOR ORDERED DEMOLITIONS (attach copy of order):
Government agency that ordered: _____
Name of individual who ordered: _____ Title: _____
Date of order (mm/dd/yy): _____ Date ordered to begin (mm/dd/yy): _____

23. DESCRIPTION OF PROCEDURES TO BE FOLLOWED IN THE EVENT THAT UNEXPECTED ASBESTOS IS FOUND OR PREVIOUSLY NONFRIABLE ASBESTOS MATERIAL BECOMES CRUMBLED, PULVERIZED, OR REDUCED TO POWDER:
Stop work, stabilize area, alert client, post signs, utilize wet methods and HEPA equipment to clean up asbestos, present area to client/air sampling inspector to verify re-occupancy standard has been met.

24. PENNSYLVANIA CERTIFICATIONS/LICENSES:
Project designer: _____ Certification #: _____
Contractor (Individual): Linda DeNunno Certification #: 045976
Supervisor: Linda DeNunno Certification #: 045976
Contractor (Firm): Ecoservices, LLC Certification #: C0722A


***** SIGN BOTH STATEMENTS *****

25. I HEREBY CERTIFY THAT AN INDIVIDUAL TRAINED IN THE PROVISIONS OF 40 CFR PART 61 SUBPART M (if applicable) WILL BE ON-SITE DURING THE DEMOLITION OR RENOVATION AND EVIDENCE THAT THE REQUIRED TRAINING HAS BEEN ACCOMPLISHED BY THIS PERSON WILL BE AVAILABLE FOR INSPECTION DURING ALL WORKING HOURS, AND I CERTIFY THAT ALL WORK WILL BE DONE IN ACCORDANCE WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL AGENCY RULES AND REGULATIONS.

 _____ 3/17/17 _____
(Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: Jeffrey Holmes Title: Environmental Engineer

26. I HEREBY CERTIFY THAT THE FOREGOING STATEMENTS AND THE INFORMATION CONTAINED IN THIS NOTIFICATION FORM ARE TRUE. THIS CERTIFICATION IS MADE SUBJECT TO THE PENALTIES SET FORTH IN 18 PA C.S. §4904 RELATING TO UNSWORN FALSIFICATION TO AUTHORITIES.

 _____ 3/17/17 _____
(Original Signature of Owner/Operator) (Date)

Printed Name of Owner/Operator: Jeffrey Holmes Title: Environmental Engineer

FOR OFFICIAL USE ONLY

ORIGIN ID: HARA (610) 591-4577
JEFFREY POLINES
BOEING - PHILADELPHIA
BLOD 3-25-13 P25-15
RT 291 & STEWART AVE
RIDLEY PARK, PA 19078
UNITED STATES US

SHIP DATE: 17MAR17
ACTWGT: 1.00 LB
CAD: 1222509INET3850

BILL SENDER

TO USEPA REGION 3

ASBESTOS NESHAP COORDINATOR

1650 ARCH ST

MAIL CODE 3WC32

PHILADELPHIA PA 19103

(215) 814-2164

REF: ASB 331

PO:

DEPT:

546J31ADB53C1



J171117021401uv

TRK# 7786 7983 6282
0201

MON - 20 MAR 3:00P
STANDARD OVERNIGHT

17 REDA

19103
PA-US PHL



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